

July 21 2005 - Slaughter Introduces Emergency Contraception Education Act

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Bill Would Help to Prevent Unwanted Pregnancies

and Lower Abortion Rates

Washington - Rep. Louise M. Slaughter (D-NY), Ranking Member of the House Rules Committee, introduced the Emergency Contraception Act along with 48 co-sponsors in the House of Representatives this week.

"By improving education among the public and health professionals about emergency contraception, my bill will help protect women's reproductive health, reduce unwanted pregnancies, and prevent abortions," Rep. Slaughter said.

Emergency contraception (EC) is a concentrated but safe form of the daily birth control pills taken by nearly 12 million women in the U.S. Unlike RU-486, EC does not cause abortion. If taken within 72 hours after unprotected sex or contraceptive failure, EC can reduce the risk of pregnancy by as much as 89 percent.

"EC could safely and drastically reduce the number of unwanted pregnancies and abortions in the United States," said Rep. Slaughter, "but unfortunately, barriers to information and access hinder this preventative contraceptive method from reaching its full potential." She concluded, "We can and we must do more to protect women's reproductive health by increasing knowledge of emergency contraception and expanding access to this critical preventative solution."

BACKGROUND

Many patients and health care providers remain uniformed about this important contraception option. Only 1 in 10 women of reproductive age in the U.S. are aware of EC. Only one in five OB/GYNs in the U.S. routinely discusses emergency contraception with their patients.

Less than 18 percent of hospitals provide emergency contraception at a woman's request without restrictions. Nearly 50 percent of hospitals do not provide EC to a woman who has been sexually assaulted, even though it is often the only contraceptive option for the 300,000 women who are raped each year.

The EC Education Act will direct the Secretary of Health and Human Services to develop and disseminate information on EC to health care providers, including recommendations on the use of EC in appropriate cases, and how to obtain copies of information developed by HHS for distribution to patients. The Secretary will also be required to develop and disseminate information on EC to the American public.

FACT SHEET: EC vs. RU-496

On the differences between Emergency Contraception (EC) and RU-486 (or medication abortion)

EC prevents pregnancy, while RU-486 terminates a pregnancy

Emergency Contraception (brand name is Plan B)

- Used if one is not already pregnant to prevent a pregnancy
- If taken within 72 hours after unprotected sex or contraceptive failure, EC can reduce the risk of pregnancy by as much as 89 percent
- Hormonal methods of contraception, including EC, prevent ovulation and fertilization.
- EC is a concentrated form of the daily birth control pills taken by nearly 12 million women in the U.S.
- EC will not induce an abortion in a woman who is already pregnant and will not affect the developing embryo.

RU-486 (drug types are mifepristone and methotrexate)

- Used if one is already pregnant to terminate a pregnancy
- RU-486 terminates a pregnancy without surgery and can be an alternative to surgical abortion for up to 63 days after the first day of the last menstrual period.
- Complete abortion will occur in 92-96 percent of women receiving methotrexate, and 96-97% of women receiving mifepristone.
- Mifepristone ends pregnancy by blocking hormones necessary for maintaining a pregnancy, while methotrexate stops further development of the pregnancy in the uterus.